

City of Coon Rapids
Electrical Permit Application

Job Site Address: _____ Unit # _____ Zip _____ Permit # _____

Project Valuation: \$ _____ The Applicant is: _____ Owner _____ Contractor

Property Owner

Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail _____

Contractor

Name: _____ Contact Person: _____

Address: _____
Number and Street Name City State Zip

Phone: _____ Cell: _____ Fax: _____

E-mail: _____ Contractor License#: _____

Residential

New _____ Repair _____ Replace _____

Remodel: _____
Area to be remodeled

- ☐ Principal Building
☐ Garage
☐ Accessory Building
☐ Temporary Building
☐ Swimming Pool

Please indicate the number of each item being installed

___ AFCI Receptacle	___ Lighting
___ Air Conditioner	___ Photovoltaic Equipment
___ Appliance—hard wire	___ Pool/Hot Tub
___ Boiler/Hot Water	___ Potable Hot Water
___ Branch Circuit	___ Receptacle
___ Disconnect	___ Smoke Detector
___ Exterior Lighting	___ Switch
___ Furnace	___ Service—New/Upgrade
___ GFCI Branch Circuit	___ Subpanel
___ GFCI Receptacle	
___ Other _____	

Description of Work: _____

Permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and Inspections made by the City are a public service and do not constitute any representation, guarantee, or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Coon Rapids.

Periodic and/or a final inspection of this work are required by the Minnesota State Building Code. It is the responsibility of the applicant to call the Coon Rapids Inspections Division at 763 767-6476 to schedule an inspection.

Applicant's Signature _____

Date _____

Commercial

New _____ Repair _____ Replace _____

Remodel: _____
Area to be remodeled

Please indicate the number of each item being installed

___ Air Conditioner	___ Pool/Hot Tub/Spa
___ Appliance (hard wire)	___ Potable Hot Water
___ Boiler/Hot Water	___ Receptacle
___ Branch Circuit	___ Service—New/Upgrade
___ Disconnect	___ Signage
___ Furnace	___ Subpanel
___ Feeder	___ Switch
___ Lighting	___ Temporary Service
___ Office Furniture—feed only	___ Ventilation Equipment
___ Office Furniture—partition wiring	
___ Other _____	

Fire Safety & Technology

___ Annunciator	___ Heat Detector
___ Air Quality Control	___ Indicating Device
___ Central Station Control	___ Initiating Device
___ Control Panel	___ Signal